

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/6/7501

4-26-04 7/27/04

CLAIMS

	PARENT		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/		/			
2		/		/		
3		/		/		
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TOTAL IND.	1	0	1	0		0
TOTAL DER.	17		12			
TOTAL CLAIMS	18		13			

	A		B		C	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		0		0		0
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS